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I. EPA I. NUMBER I. FACILITY NAME					If a preprinted label his or it in the designated space, ation carefully; if any of it through it and enter the cappropriate fill—in area cell the preprinted data is abser	een pro Review is incu- correct ow, Als	vided, affirite information, ect, cross data in the co, if any of						
PLEASE PLACE LABEL IN THIS SPACE MAILING ADDRESS PLEASE PLACE LABEL IN THIS SPACE Proper fill—in area(s) below complete and correct, you lterns I, Ill, V, and V: le must be completed regarditerns if no label has been the instructions for detail tions and for the legal au													
tions and for the legal authorizations under which this data is collected. II POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column													
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no is excluded from permit requirements; see Section C of the	to ea	och o	uestion, y	ou fieed not submit any of the	se forms. You may answer "no	" if you terms.	r activity						
SPECIFIC QUESTIONS	YES	MAE NO	FORM ATTACHED	SPECIFIC	QUESTIONS		ARK X						
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	10	include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a a U.S.? (FORM 2B)		20 21						
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in		X		in A or B above) which	y fother than those described will result in a discharge to		-						
A or 8 above? (FORM 2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	29	X	municipal effluent below taining, within one qu	ct at this facility industrial or with lowermost stratum con- acter mile of the well bore, drinking water? (FORM 4)	31	25 27						
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil of atural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	35	cial processes such as n process, solution mining	at at this facility fluids for spenining of sulfur by the Frauch of minerals, in situ combuscovery of geothermal energy?		y						
I. Is this facility a proposed stationary source which is one or the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	42	NOT one of the 28 ind instructions and which of per year of any air pollu Air Act and may affect area? (FORM 5)	ed stationary source which is lustrial categories listed in the will potentially emit 250 tons tant regulated under the Clear, or be located in an attainment		x I						
I NAME OF FACILITY	T		1-1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G-Clay	Christian .						
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A. NAME & TITLE (last, 1	irel, de		Construction of the		. PHONE (area code & no.)		1						
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A. STREET OR P.O	. sox		1 1 1			:							
B. CITY OR TOWN	T T		1 1 1	C.STATE D. ZIP CO	197	04	529						
FACILITY LOCATION	a Sale	1/2		and the latest the second		TIV.	T. C.						
A. STREET, ROUTE NO. OR OTHER	R		T	40	EPA Region 6 Records	Ctr.							
B. COUNTY NAME	1 1	<u> </u>	111	-	11 11 12 12 12 12 12 12		•						
C. CITY OR TOWN				D.STATE E. ZIP CO	DE F. COUNTY CODE	•							
6 JULIET				I L 6 8 4	3 4 97								
EPA Form 3510-1 (6-80)				パロ・エエ	CONT	NUE C	N REVE						

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AND COMPONENTS		7	d	•	
C. THIRD			(enecifu!	D, FOURTH	
(specify)		7	(specify)		
III. OPERATOR INFORMATION				S. C. Carlotte	Carlo Car
	A. NAME				B. Is the name listed in Item VIII-A also the
			1-1-1-1-7		Owner?
	CTOR CO		- 1 - 1 - 1 - 1		☐ SES ☐ NO
C. STATUS OF OPERATOR (Enter the appro	priate letter into the answ	ver box: 4 "Other	", specify.)	D. PHONE	(area code & no.)
F = FEDERAL M = PUBLIC fother than fe	deral or state)	(specify)	, -,	الوارد العالم	
S = STATE O = OTHER (specify) P = PRIVATE	P 34			A 3 0 9	5 7 5 1 8 8 9 3 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
É. STREET OR	Р.О. ВОХ				. 5
1 0 NE ADAMS					
F. CITY OR TOWN		G.STAT	E H. ZIP COD	E IX. INDIAN LAND	
BPEORIA		' 1 L	6 1 6 2	^ I	ed on Indian lands?
3 19		40 41 42	┸	YES	
X. EXISTING ENVIRONMENTAL PERMITS	and the will be the				
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissio	ns from Proposed	Sources)		
3 N	9 P	1177	1 1 1		
3 18 17 18 - 30 B. UIC (Underground Injection of Fluids)	19 16 17 10	ER (specify)	30		·
CT I	वन्य गाग	T	(sp	ecify)	
9 U	9 1		30		
C. RCRA (Hazardous Wastes)	<u> </u>	ER (specify)			
9 R	9		(sp	ecify)	
XI MAP	15 11 17 11 Asset 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF THE S	30	West Contraction	Marine Property
Attach to this application a topographic map	of the area extending	to at least one	mile beyond p		
the outline of the facility, the location of ea					
treatment, storage, or disposal facilities, and water bodies in the map area. See instructions			ierground, Inci	B Springs, bive	rs and other lumace
XII. NATURE OF BUSINESS (provide a brief descrip		CRO AND C	He was		
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XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have pe	rsonally examined and	l am familiar wi	ith the informa		
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ITI. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code from the list of process codes below that describes the process line facility. Ten lines are provided for the form (Izen III-C). PROCESS COSION CAPACITY — For each code entered in column Bit1, enter the code from the list of codes below, then describes the process line facility. Per each code entered in column Bit1, enter the code from the list of unit measure codes below that describes the unit of measure used. Only the unit of measure that are listed below should be used. PROCESS COSION CAPACITY — For each code entered in column Bit1, enter the code from the list of unit measure codes below that describes the unit of measure used. Only the unit of measure that are listed below the describes the unit of measure used. Only the unit of measure that are listed below should be used. PROCESS COSION CAPACITY — For each code entered in column Bit1, enter the code from the list of unit measure codes below that describes the unit of measure used. Only the unit of measure that are listed below should be used. PROCESS COSION CAPACITY — For each code entered in column Bit1, enter the code from the list of unit measure codes below that describes the unit of measure used. Only the unit of measure the list of unit measure codes below that describes the unit of measure used. Only the unit of measure used. PROCESS COSION CAPACITY — The code from the list of unit measure codes below that describes the unit of unit measure codes below that describes the unit of unit measure codes below that describes the unit of unit measure codes below that describes the unit of unit measure codes below that describes the unit of unit measure codes below that describes the unit of unit measure codes below that describes the unit of uni	B.		VIS	ED	APPLICATION (•	u and comple	le Îi	em I abo	vej				73 74	172	التد	77 78				
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entering codes. If more lines are needed, enter the code/p in the space provided. If a process will be used that is not included in the list of codes below, then describe the process including its delay or appear in the graph of the process. PROCESS DESIGN CAPACITY — For each amount entered in column A enter the capacity of the process. 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B (1), enter the code from the list of unit measure codes below that describes the unit of measure that are litted below should be used. PROCESS — P					······································				777		(C) (1)			383.33	250		resignate	, <u>S217</u>	1365.		
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2. UNIT OF MEASURE — For each amount entered in column 8(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used. PROCESS — CODE — PROCESS — CODE — CESS — MEASURE FOR PROCESS — PROCESS — CODE — DESIGN CAPACITY — PROCESS — CODE — DESIGN CAPACITY — TRAIN — FILE — FILE — TRAIN — FILE — FILE — TRAIN — FI	В.	PRO	Œ	ss c	ESIGN CAPACITY	~ For each code e															
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	SSES (continued)	in and the			加多斯公司公司
SPACE FO	R ADDI IONAL PROCESS CODES OR FOR DESIGN CAPACITY.	DESCRIBING OTHER	PROCESSES (code "T04").	FOR EACH PROCESS E	NTERED HERE
MCFORE	DESIGN CAPACITY.				
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V DECCE	IPTION OF HAZARDOUS WASTES	Abstract Green access to	ENGEL ENGINEERING THE		ACCUPATION OF A STATE OF
FPA HAZ	ARDOUS WASTE NUMBER - Enter the fou	ur-digit number from	40 CFR, Subpart D for each	isted hazardous waste	ou will handle. If you
handle has	zardous wastes which are not listed in 40 CFF rethe toxic contaminants of those hazardous wa	R, Subpart D, enter the	four—digit number(s) from a	40 CFR, Subpart C that de	escribes the characteris-
. ESTIMAT	ED ANNUAL QUANTITY - For each listed	waste entered in colur	mn A estimate the quantity	of that waste that will be	handled on an annual
	each characteristic or toxic contaminant enteressess that characteristic or contaminant.	ed in column A estimat	te the total annual quantity o	of all the non—listed waste	(s) that will be handled
. UNIT OF codes are:	MEASURE - For each quantity entered in c	olumn B enter the uni	it of measure code, Units of	measure which must be us	sed and the appropriate
	ENGLISH UNIT OF MEASURE		METRIC UNIT OF ME		CODE
	POUNDS				
	records use any other unit of measure for qui ne appropriate density or specific gravity of the		easure must be converted into	o one of the required units	of measure taking into
. PROCESS					
1. PROCI	ESS CODES: ited hazardous waste: For each listed hazardo	ous waste entered in co	olumn A select the code/s/ fr	om the list of process cod	es contained in Item III
to indi	cate how the waste will be stored, treated, and,	or disposed of at the f	acility.		
contai	on—listed hazardous wastes: For each charactioned in Item III to indicate all the processes to appropriate or to its contaminant.	that will be used to sto	ore, treat, and/or dispose of	all the non-listed hazard	ous wastes that possess

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

IOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by gore than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

XAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds er year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 00 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	D. PROCESSES										
	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
%-1	K 0 5 4	900	P	T 0 3 D 8 0										
\-2	D 0 0 2	400	P	T 0 3 D 8 0										
·:-3	D 0 0 1	100	P	T 0 3 D 8 0										
(-4	D 0 0 2				included with above									

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LINE NO.	H/ W/	AZ.	EPA AR E I	D.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF S	UN ME UR ente ode	A- E r			1. PROCE	SS CODE		D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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. DESCRIPTION OF HAZARDOUS WASTL Ontinue		TITEM D(I) ON PAGE			
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EPA I.D. NO. (enter from page 1)					
ILDØØ5Ø7Ø53736					
FACILITY DRAWING					
ii existing facilities must include in the space provided on page 5	a scale drawing	of the facility (see instruction	ns for more deta	il).	F6: 8/55
I. PHOTOGRAPHS					Substitute of the substitute o
All existing facilities must include photographs (aerial or greatment and disposal areas; and sites of future storage, t	round—level)	that clearly delineate all	existing struct	ures; ex	kisting storage, A
II. FACILITY GEOGRAPHIC LOCATION	reatment or u	isposal aleas (see mstruct	ions for more	detail).	F0 56
LATITUDE (degrees, minutes, & seconds)	11.5	LONGITU	DE (degrees, mi	nutes, &	seconds)
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55 65 67 61 59 · 71		72	74 75 76	177	79
III. FACILITY OWNER				1,131,7	THE PART OF THE PA
A. If the facility owner is also the facility operator as listed is skip to Section IX below.	n Section VIII o	on Form 1, "General Informa	ition", place an '	'X" in ti	he box to the left and
8. If the facility owner is not the facility operator as listed in	Section VIII o	n Form 1, complete the foll	owing items:		
1. NAME OF FACILITY'S	LEGAL OWNE	ER	· ·	2. PHO	NE NO. (area code & no.)
16	······································		55	. 58	55 - 61 62 - 65
3. STREET OR P.O. BOX	1 2 1	4. CITY OR TOWN	5. S	r.	6. ZIP CODE
·	G				
X. OWNER CERTIFICATION	15 16		40 41		
certify under penalty of law that I have personally examination in the comments, and that based on my inquiry of those individually bub information is true, accurate, and complete. I and complete in a complete in the compl	luals immediat	tely responsible for obtain	ning the infort	nation,	I believe that the
. NAME (print or type) B. S	IGNATURE	<u> </u>		DATES	IGNED
DONALD F. DOMNICK, VICE PRESIDENT	mack	A Donnuck	2 /	0/3/	The state of the s
OPERATOR CERTIFICATION					《中国》
certify under penalty of law that I have personally examination in the comments, and that based on my inquiry of those individual information is true, accurate, and complete. I analytically of fine and imprisonment.	lual <mark>s imme</mark> dia	tely responsible for obtai	ning th <mark>e i</mark> nfori	nation,	I believe that the
NAME (print or type) B. S	IGNATURE		c.	DATES	SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	IGNATURE	Franca		7/31/	signed / &ù

PAGE 4 OF 5

GENI Co.	ERA nsolid	LI	NFORM Permits Pi	before starting.)	8 5 3	7 3							
ILEPA LO. NUMBER ILEPA LO. NU													
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.													
SPECIFIC QUESTIONS	728	MAR NO	FORM ATTACHED	SPECIFIC QUESTIONS	7 E 9 40	PORM ATTACHE							
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	11	X	10	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X	<u> </u>							
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X	23	14	D. Is this a proposed facility lother than those described in A or B above! which will result in a discharge to waters of the U.S.? (FORM 2D)	X 21 26	- 11							
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	29	Х	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X								
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrogarbons? (FORM 4)		X	26	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	x								
I. Is this facility a proposed stationary source which is one or the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X								
				CAN CALL TO A CA	No.	4 7.74							
1 SKIP			·										
IV. FACILITY CONTACT A. NAME & TITLE (lost, fi	rai, &	title		B. PHONE (area code & no.)	e en g								
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V. FACILITY MAILING ADDRESS	-	1	26.	CONTRACTOR OF THE STATE OF THE	7 10								
A. STREET OR P.O.													
B. CITY OR TOWN				C.STATE D. ZIP CODE									
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VI. FACILITY LOCATION	45 (0)	33.13 Am (1)				41.5							
A. STREET, ROUTE NO. OR OTHER!	SPEC 7 7	IFIC	IDENTIF	ER	e som stje Suurise								
10)10			<u>* </u>	41									
B. COUNTY NAME			1 - 1 - 1 -										
C. CITY OR TOWN				D. STATE E. ZIP CODE F. COUNTY CODE		ر بادار در این							
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EPA Form 3510-1 (6-80)			NIC		VUE ON	REVEF							

L. SIC CODES (4-digit, in order of priority)	1			
A. FIRST	,		B. SECOND	
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C. THIRD		c (specify)	D. FOURTH	
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III. OPERATOR INFORMATION	2000年中华			
	A. NAME			B. Is the name listed in
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. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water)	the second property of the property of the second	s from Proposed Sources)		
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E. UIC (Underground Injection of Fluids)		R (specify)	· 	
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C. RCRA (Hazardous Wastes)	E. OTHE	R (specify)	16	
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I. MAP			i Verendarie	ALVANDELOS MATERIALISTA (CARACTERISTA)
Attach to this application a topographic map	والمتلطان والمناهبية ويجالب تعطف المسالم المساب	o at least one mile heyor	nd property bounderi	es. The man must show
he outline of the facility, the location of ea	ch of its existing and p	proposed intake and disc	harge structures, each	of its hazardous waste 🦠
treatment, storage, or disposal facilities, and			Include all springs, r	ivers and other surface
vater bodies in the map area. See instructions		is. Fq:	7/5Ø	
II. NATURE OF BUSINESS (provide a brief descrip	ntion)			
MANUFACTURE OF:				
EARTH MOVING EQUIPMENT AND	COMPONENTS			
		F9:	<u>A</u>	
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III. CERTIFICATION (see instructions)	《新闻》的"新闻"的" "			
I certify under penalty of law that I have pe	rsonally examined and	am familiar with the info	ormation submitted in	this application and all
attachments and that, based on my inquiry	of those persons imm	nediately responsible for	obtaining the inform	nation contained in the
rpplication, I believe that the information is false information, including the possibility of	t true, accurate and col fine and imprisonment	mpiete. I am aware that	there are significant	penaities for submitting
. NAME & OFFICIAL TITLE (type or print)	B. SIGNA		 	C. DATE SIGNED
		IX	α	10/ (
DONALD F. DOMNICK, VICE PRESID	ENT	MATLIM	rede	10/31/80
OMMENTS FOR OFFICIAL USE ONLY		V. Signal and Marketine		
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L	INJECTION WELL LANDFILL D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER LAND APPLICATION OCEAN DISPOSAL D81 GALLONS PER DAY OR LITERS PARES SURFACE IMPOUNDMENT D83 GALLONS OR LITERS								·	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)														
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IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—aigit number from 40 CFR, Subport D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- 8. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS	KILOGRAMS
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by inore than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispuse of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe this hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA HAZARD. B. ESTIMATED ANNUAL WASTENO (enter code)				C. UNIT			D. PROCESSES														
LINE NO.				5	OF MEA- SURE (enter code)					1	. Р				SS CODES (er)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
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X-2	D	0	1) .	2	400		P		7	_	0.	3	D	8	0	Ī	11	!	1	1	
X-3	D	0	0)	1	100		P		7		0.	3	D	8	0		1-1	!	7	7	
X-4	L	0) ()	2						1				Τ-	1		T -1		-1	1	included with above

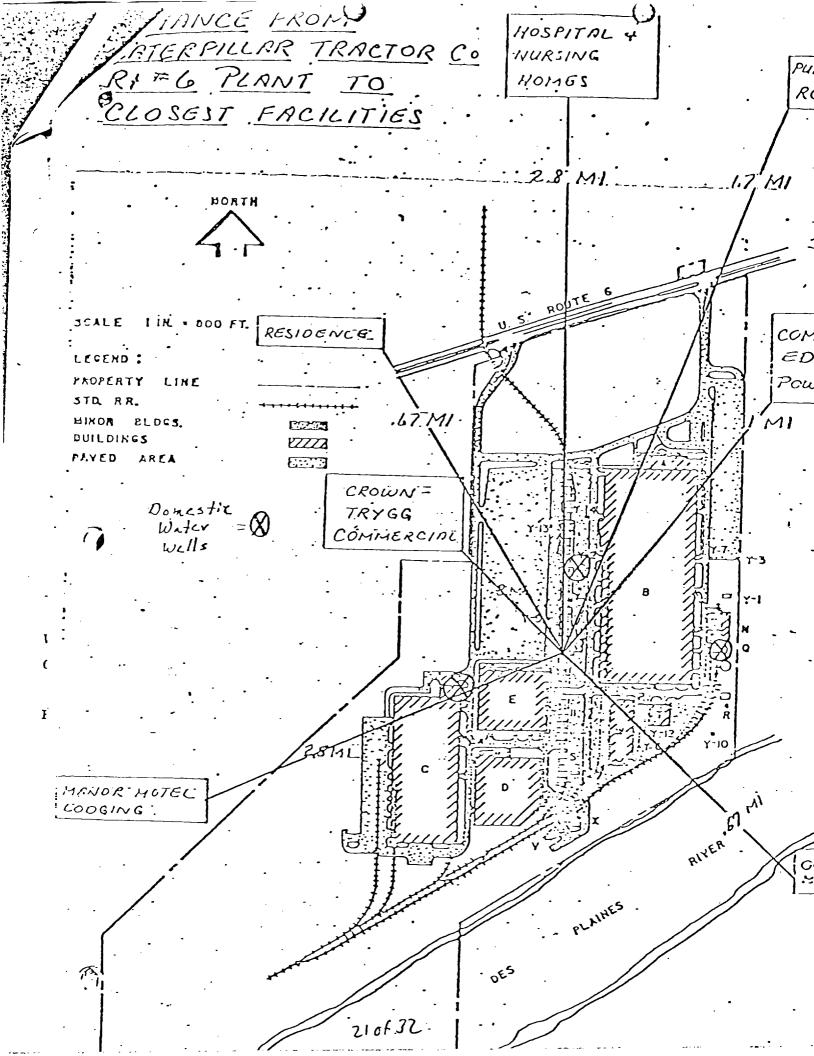
CPA Form 3510-3 (6-80)

PAGE 2 OF 5

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IV. DI SCRIPTION OF HAZARDOUS WASTED Continue	ed)	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS		
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EPA I.D. NO. (cnter from page 1)		
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V. FACILITY DRAWING		7011/57
All existing facilities must include in the space provided on page 5		e detail).
All existing facilities must include photographs (aerial or		
treatment and disposal areas; and sites of future storage,	treatment or disposal areas (see instructions for n	nore detail). 7645
VII. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (digrecs, minul()) Lyce(ds)	LONGITUDE (degree	
4 1 3 1 4 10 5	[8 8]	9 9 10 13
VIII. FACILITY OWNER		
💹 A. If the facility owner is also the facility operator as listed	in Section VIII on Form 1, "General Information", plac	ce an "X" in the box to the left and
skip to Section IX below.		
B. If the facility owner is not the facility operator as listed in	n Section VIII on Form 1, complete the following item	ns:
1. NAME OF FACILITY	S LEGAL OWNER	2. PHONE NO. (area code & no
12		55 56 20 59 - 61 62
3. STREET OR P.O. BOX	4. CITY OR TOWN	5.57 6. ZIP CODE
d	G	
IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally exam	nined and am familiar with the information subm	
Jocuments, and that based on my inquiry of those individ	du <mark>als immediatel</mark> y responsible for obtaining the i	information, I believe that the
 "".bmitted information is true, accurate, and complete. I a including the possibility of fine and imprisonment. 	am aware that there are significant penaltics for s	submitting false information,
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	BIGNATURE DE LA COLLEGE	C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	Lynald F. Donnick	76010,1780
OPERATOR CERTIFICATION		
certify under penalty of law that I have personally exan	بنيد ومستمن بمراكلين التفاقيستوان بشكور وليد تدسيب والتفاقية بالمفاوية والمفاوية	ti ati in a fina ka ji na
cocuments, and that based on my inquiry of those individual	duals immediately responsible for obtaining the i	information, I believe that the
instituted information is true, accurate, and complete. I a social solution the possibility of fine and imprisonment.	am aware that there are significant penalties for s	submitting false information,
		
i	SIGNATURE X	C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESIDENT	Angely Barrell	13.00 10 .300



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